

10/540456

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
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10		1		1		1
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13		1		1		1
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15		1		1		1
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17		1		1		1
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TOTAL IND.		↓	↓	↓	2	↓
TOTAL DEP.	←	←	←	←	14	←
TOTAL CLAIMS					16	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.	←	←	←	←		←
TOTAL CLAIMS						

06, 22, 05

R126
starts →